

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/531951

FILING DATE

APPLICANT

CLAIMS

| | AS FILED | | AFTER 1 ST AMENDMENT | | AFTER 2 ND AMENDMENT | |
|--------------|----------|------------|------------------------------------|------------|------------------------------------|------------|
| | IND. | DEP. | IND. | DEP. | IND. | DEP. |
| 1 | 1 | | | | | |
| 2 | | 1 | | | | |
| 3 | | 4 | | | | |
| 4 | 1 | | | | | |
| 5 | | 1 | | | | |
| 6 | | 0 | | | | |
| 7 | 0 | | | | | |
| 8 | | 1 | | | | |
| 9 | 1 | | | | | |
| 10 | 1 | | | | | |
| 11 | 4 | | | | | |
| 12 | 1 | | | | | |
| 13 | 1 | | | | | |
| 14 | 1 | | | | | |
| 15 | 1 | | | | | |
| 16 | 1 | | | | | |
| 17 | 10 | | | | | |
| 18 | 10 | | | | | |
| 19 | 1 | | | | | |
| 20 | 1 | | | | | |
| 21 | 1 | | | | | |
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| TOTAL DEP. | 38 | ← | ← | ← | ← | ← |
| TOTAL CLAIMS | 41 | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] |

| | AS FILED | | AFTER 1 ST AMENDMENT | | AFTER 2 ND AMENDMENT | |
|--------------|----------|------------|------------------------------------|------------|------------------------------------|------------|
| | IND. | DEP. | IND. | DEP. | IND. | DEP. |
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| TOTAL IND. | | | ↓ | | | ↓ |
| TOTAL DEP. | | ← | ← | ← | ← | ← |
| TOTAL CLAIMS | | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] |